



MAR 26 2010

MEMORANDUM FOR: MICHAEL A. DAVIS *Michael A. Davis*
Deputy Assistant Secretary for Operations
Mine Safety and Health

FROM: PETER J. MONTALI *Peter J. Montali*
Acting Director of Accountability
Mine Safety and Health

SUBJECT: MSHA Office of Accountability Audit, MNM Northeastern
District, Wyoming North, PA, and [REDACTED]

Introduction

This memorandum summarizes the Office of Accountability audit of the subject field office and mine. Audit subjects included MSHA field activities, level of enforcement, Field Activity Reviews (FARs), Accompanied Activities (AAs), MSHA supervisory and managerial oversight, and the conditions and practices at the mine. The audit was conducted during the week of [REDACTED] by Peter J. Montali- Acting Director Office of Accountability. Positive findings and issues requiring attention are included in this audit report.

Overview

The field office audit was conducted on [REDACTED] with the on-site portion of the audit conducted on [REDACTED]. Accompanying the audit team were [REDACTED]

On-site areas examined included the MCC 1 room, MCC 2 room, MCC 3 room, pit & highwalls, Cat haul truck, Western Star Tri-axle dump truck, blasting site, diesel fueling area, CAT 345B, CAT 775E haul truck, CAT 775 D haul truck, CAT 992 Front End Loader, Cat 773 B Haul Truck, Haulage roads, MCC transformer, C-1 conveyor belt, tarping station, standard feed conveyor, standard incline conveyor, and roadway to second mill conveyor.

S&S Rate Comparison

S&S rates for the Wyomissing North Field Office, were slightly above the Districts' average and slightly below the National rate in FY 2008. In FY 2009, the Wyomissing Field Office's S&S rate increased and is currently above both the District and National averages.

S&S Rate Comparison			
Fiscal Year	Wyomissing North Field Office	Northeastern District	National Average
2008	20.51%	19.65%	21.42%
2009	35.93%	28.78%	28.03%

Time and Activity Comparison

Time distribution for E01 inspections conducted out of the Wyomissing North field office from October, 2008 to August, 2009.

Time Distribution (Percent) - E01 Inspections at Surface Facilities						
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent
2008	17.90%	2.80%	75.57%	.62%	3.78%	100%
Nat'l Ave 2008	20.31%	10.42%	61.59%	3.02%	7.69%	100%
2009	14.14%	5.04%	70.16%	2.03%	10.66%	100%
Nat'l Ave 2009	20.42%	10.66%	61.88%	3.82%	7.05%	100%

*Total On-site time includes Citations Issued on-site

Time Distribution (Percent) - E01 Inspections at Surface Mines						
	Travel	Other	Total On-Site	Citations Issued On-site	Citations Issued Off-site	Total Percent
2008	27.40%	9.70%	57.10%	2.88%	5.80%	100%
Nat'l Ave 2008	28.19%	11.97%	56.17%	3.16%	5.67%	100%
2009	27.59%	8.68%	57.29%	2.75%	6.43%	100%
Nat'l Ave 2009	25.89%	11.93%	56.18%	3.27%	6.00%	100%

*Total On-site time includes Citations Issued on-site

Time Distribution (Percent) – E01 Inspections at Underground Mines

	Travel	Other	Total On-Site	Citations Written On-site	Citations Written Off-site	Total Percent
2008 NE	20.45%	8.10%	64.38%	0.13%	7.07%	100%
Nat'l Ave 2008	22.19%	11.90%	59.92%	1.69%	5.21%	100%
2009 NE	20.01%	7.20%	68.52%	0.31%	4.27%	100%
Nat'l Ave 2009	23.72%	11.40%	59.81%	2.22%	5.08%	100%

*Total On-site time includes Citations Issued on-site

Audit Results

The audit revealed positive findings in several areas, including the following:

1. Inspection work by the accompanied inspector was commendable regarding the identification of hazards and violations at the mine site.
2. Condition or practice as identified by the inspector was very detailed.
3. The documentation of the second level reviews of Field Activity Reviews by district management provided detailed comments. The second level reviews identified many specific deficiencies and provided excellent feedback to FO supervisors concerning the submitted reports.
4. Personnel at the field office displayed a professional attitude and appearance.

The audit also revealed several issues that require corrective actions, including the following:

1. Conditions observed and citations issued during this audit indicate that highwall ground conditions and mining methods that address compliance with maintaining safe ground conditions appear not to have been addressed in previous inspections. (See Attachment D)
2. Evaluation of gravity, negligence, number of persons affected, and level of enforcement do not appear commensurate with the notes or the narrative of the citations. [See Attachment C]
3. There was insufficient enforcement focus during past inspections. Previous inspections averaged [redacted] C/O issued. The audit revealed [redacted] issued. There did not appear to be any significant changes regarding mining methods, equipment, and employment since the previous inspection. (See Attachment A Item 27, Item 32, Item 36)
4. Site inspection time for previous inspections at the [redacted] mine do not appear appropriate for the mine size, equipment or mine type. (See Item # 27)

5. The district should review the status of intermittent and full-time operations for accuracy. A review of man-hour reports for some operations listed in intermittent status indicate they should be classified as full-time. *[76% of Wyoming North field office mines are classified as Intermittent, 69% of the Northeastern Districts' operations are classified as Intermittent]*
6. Inspection site time during the audit totaled [REDACTED] necessary to complete the regular inspections with [REDACTED] citations issued at [REDACTED] S&S rate. Previous inspections averaged [REDACTED] site time hours with an average [REDACTED] citations issued. (See Item #27, Attachment B)

Attachments

- A. Office of Accountability Checklist with comments, recommendations, and references
- B. Citations/Orders issued during this audit

1.	[REDACTED]	56.14207
2.	[REDACTED]	56.14207
3.	[REDACTED]	46.11d
4.	[REDACTED]	56.9300a
5.	[REDACTED]	56.6306a
6.	[REDACTED]	56.11002
7.	[REDACTED]	56.3200
8.	[REDACTED]	56.14100b
9.	[REDACTED]	56.9314
10.	[REDACTED]	56.12041
11.	[REDACTED]	56.12041
12.	[REDACTED]	56.4201a1
13.	[REDACTED]	56.3130
14.	[REDACTED]	56.14107a
15.	[REDACTED]	56.12034
16.	[REDACTED]	56.14112b
17.	[REDACTED]	56.9100b
18.	[REDACTED]	56.3401
19.	[REDACTED]	56.11002
20.	[REDACTED]	56.12041
21.	[REDACTED]	56.12018
22.	[REDACTED]	56.12018
23.	[REDACTED]	56.12018
24.	[REDACTED]	56.12018
25.	[REDACTED]	56.11001
26.	[REDACTED]	56.14107a
27.	[REDACTED]	56.11001
28.	[REDACTED]	56.12016
29.	[REDACTED]	56.12032
30.	[REDACTED]	56.12004

- C. Appropriate determinations of gravity, negligence, and level of enforcement appears not to have been determined correctly.
- D. Photos taken during audit

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1. Evaluate supervisory review of inspection reports and documentation for completeness.

Adequate Inadequate Not Applicable Comments Below

A review of prior inspection reports indicate a lack of consistency in evaluation of negligence, gravity, and type of action on a number of citations.

(See Attachment C)

2. Determine if supervisors address report deficiencies immediately

Adequate Inadequate Not Applicable Comments Below

The deficiencies highlighted on the citation listing in Attachment C, which have been reviewed by were not addressed or corrected.

(See Attachment C)

4. Evaluate the quality of Field Activity Review reports (FARs)

Adequate Inadequate Not Applicable Comments Below

Ten FAR's were available for review during the audit for this field office. Four of the ten reviews did not have any deficiencies identified. When deficiencies are noted, a statement "As noted in comments above" has been used in a number of FAR's. This area of the FAR should contain any deficiencies noted during the accompanied visit not just to refer to the checklist. One FAR/AA was conducted at mine id listing 2 inspectors on the same FAR. A FAR should not contain multiple inspectors on the same evaluation since the checklist would not identify which inspector met or did not meet the criteria listed. 2nd level reviews lists a number of comments on each FAR that was missed and not included I added comments such as "FAR missed the mark", " These comments/deficiencies were identified but no follow-up or corrective action.

5. Determine if supervisors/managers are identifying and addressing performance or behavior based issues during and after accompanied inspections are conducted

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Adequate Inadequate Not Applicable Comments Below

No performance or behavior based issued were identified during the AA's

6. Evaluate the quality of Accompanied Inspections

Adequate Inadequate Not Applicable Comments Below

Second level reviews are very detailed with good comments and questions regarding the FAR's/AA's. It appears that although the 2nd level reviews are detailed with very good comments, the FAR's quality has not improved. 40% of the FAR/AA had no deficiencies identified, 30% of the AA's had no comments/observations listed, 60% of the AA's comments were almost identical stating that a thorough inspection was completed and one AA revealed that two inspectors were evaluated on one report.

8. Determine if Assistant District Manager is holding supervisor accountable for FARs and accompanied activities

Adequate Inadequate Not Applicable Comments Below

During FY 2009 - All required FAR's/AA's were not completed on each inspector in the Wyomissing North Field Office. No FAR's/AA's documents were in the file for two inspectors;
First half year reviews (10-1-08 thru 3-31-09) were not completed for three inspectors:

9. Determine if District Manager is using Performance Management System to hold ADMs accountable for oversight of subordinates

Adequate Inadequate Not Applicable Comments Below

All FAR's/AA's were not completed during FY 2009. No FAR's/AA's documents were in the file for two of the Wyomissing North Inspectors and no documentation was provided that First half year reviews (10-1-08 thru 3-31-09) were completed for 3 inspectors:

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12. Evaluate supervisory and management review of 103(i) (spot inspection) tracking system for compliance with time frames

Adequate Inadequate Not Applicable Comments Below

13. Determine if supervisors and managers are ensuring that 103(i) inspections are not combined with any other type of inspection

Adequate Inadequate Not Applicable Comments Below

14. Determine if supervisors, staff assistants, and other management personnel are reviewing work products for accuracy and completeness

Adequate Inadequate Not Applicable Comments Below

See Item 17, Attachment C

15. Determine if supervisors are monitoring inspector time and activity documentation to ensure proper use of time by inspector

Adequate Inadequate Not Applicable Comments Below

Supervisors are utilizing the Key Indicator reports to monitor time & activity for the inspectors and field office. Interview with the field office supervisor indicates that he is also monitoring the time expended during inspection activities.

16. Determine if Standard Operating Procedures (SOPs) are in place, current, and in compliance with MSHA policies and procedures

Adequate Inadequate Not Applicable Comments Below

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17. Determine if supervisors are using the Performance Management System to hold inspectors accountable for properly evaluating gravity and negligence, termination due dates, and timely termination of citations

Adequate Inadequate Not Applicable Comments Below

Questionable determinations on citations issued on previous inspections.
See Attachment C

18. Determine if supervisors are adequately evaluating the level of enforcement.

Adequate Inadequate Not Applicable Comments Below

Evaluation of gravity and negligence is questionable following the review of prior inspection reports.

See Attachment C

19. Determine if District Manager is monitoring the ACR program and using the Performance Management System to ensure that CLR's justify changes

Adequate Inadequate Not Applicable Comments Below

Audit team did not conduct a review of the ACR program during this audit.

20. Determine if District Manager is using discretion in granting conferences

Adequate Inadequate Not Applicable Comments Below

ACR program was not review during the Accountability Audit.

21. Determine if second level reviews are used to assess supervisory review of enforcement actions

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Adequate Inadequate Not Applicable Comments Below

See Item #4

22. Determine if appropriate actions are taken by supervisors and manager with respect to issues of misconduct and/or poor performance

Adequate Inadequate Not Applicable Comments Below

Misconduct / poor performance issues were not identified in the field office.

23. Evaluate inspector/specialist knowledge of documentation required and process for completing PKW Forms.

Adequate Inadequate Not Applicable Comments Below

PKW'S not reviewed during the audit

24. Evaluate the district's process for performing Possible Knowing/Willful (PKW) reviews and initiating or denying special investigations

Adequate Inadequate Not Applicable Comments Below

Not reviewed during the audit. Information/ documentation located at the district office.

25. Determine if District Manager is using Performance Management System to hold the Supervisory Special Investigator accountable for properly evaluating potential cases

Adequate Inadequate Not Applicable Comments Below

Not reviewed during the Accountability Audit

26. Determine if managers and supervisors are using required "standardized reports" to review critical data relevant to inspections and investigations

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Adequate Inadequate Not Applicable Comments Below

District and Supervisors review the Key Indicator Reports

27. Determine if complete and thorough inspections are being conducted and adequately documented

Adequate Inadequate Not Applicable Comments Below

the regular inspection (event of the accountability audit of the a total of were necessary to complete the inspection. citations issued at a rate of The previous six (6) regular inspections averaged site time hours to complete the regular inspection. citations issued per inspection at an average rate of

28. Determine if inspection notes support the inspector's assertion that the mine was inspected in its entirety, including health sampling

Adequate Inadequate Not Applicable Comments Below

29. Determine that the inspector spent sufficient time on off-shifts and on weekends

Adequate Inadequate Not Applicable Comments Below

works only one shift.

30. Determine if all mine records, postings, and other required materials are examined during the inspection

Adequate Inadequate Not Applicable Comments Below

Mine records were not examined during the audit. The inspection was on-going following the accompanied audit.

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31. Determine if all provisions of the MINER Act (Affecting MNM) are evaluated during the inspection

Adequate Inadequate Not Applicable Comments Below

32. Determine if the amount of time expended on each inspection activity and area of the mine is sufficient to accomplish inspection goals

Adequate Inadequate Not Applicable Comments Below

Site time hours were required to complete the inspection at the Hamburg Division during the accountability audit mine visit. Previous site time hours expended to complete the regular inspections average _____ e hours/regular inspection.

33. Evaluate each citation/order for inspector's determination of gravity, negligence, number of persons affected, and the level of enforcement

Adequate Inadequate Not Applicable Comments Below

The inspector was very methodical in his inspection activities and identified hazards and violations during the audit. The evaluation and determination of the number of persons and level of enforcement was appropriate but available information useful in evaluating negligence was not considered by the inspector. Citations were modified to reduce the negligence from High to Moderate or Low on 12 citations that were issued.

Previous inspection reviews [See Attachment C] indicate appropriate determinations of gravity, negligence, and level of enforcement may not have been correctly determined.

Attachment C
Citation and Order Writing Handbook pp7,9

34. Evaluate the inspector's imminent danger mine site check.

Adequate Inadequate Not Applicable Comments Below

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35. Check adequacy of work place examinations/pre-operational examinations

Adequate Inadequate Not Applicable Comments Below

The number and type of citations issued indicate that adequate work place exams/pre-operational exams are not being conducted by the operator. Three citations have been issued for work place examinations since 1981.

See Attachment C

36. Evaluate inspector's observation of back/Ground conditions

Adequate Inadequate Not Applicable Comments Below

Inspector evaluated the condition of the highwall correctly during the accountability audit but, the highwall conditions have not been addressed during previous inspections. Citation #s were issued during the audit.

The conditions appear to have been permitted to exist for extended period of time. Since CY 2000, zero citations were issued at the mine regarding ground control or mining methods.

The district peer review conducted from identified similar issues regarding ground conditions at the two mining operations visited during their review. The review stated;

1. *Ground Conditions in the Pit. (No indication of citations ever issued for ground conditions at this mine)*
2. *Failure to examine and test for loose ground conditions in the pit.*
3. *Failure to maintain wall bank and slope stability in the pit.*

See Attachments B & D

39. Determine adequacy of training plans (interview miners)

Adequate Inadequate Not Applicable Comments Below

Training plans not reviewed during the audit.

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40. Evaluate Self-Rescuer conditions

Adequate Inadequate Not Applicable Comments Below

41. Electrical equipment maintained (includes electrical cables/equipment/power supply stations, etc.)

Adequate Inadequate Not Applicable Comments Below

During the accountability audit, thirteen (13) citations were issued on electrical standards.

Attachment B - Citation #

Recommendation: When a journeyman inspector identifies this many hazards relating to the electrical standards, an electrical inspector should conduct a follow-up inspection to determine the extent of electrical problems.

42. Evaluate several pieces of equipment for permissibility (Gassy mines)

Adequate Inadequate Not Applicable Comments Below

45. Evaluate condition and maintenance on conveyor belts, structures, and guarding

Adequate Inadequate Not Applicable Comments Below

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46.	Evaluate fire valves and hoses					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below

49.	Evaluate cleanup of accumulations/housekeeping					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

51.	Examine mine bulletin board and evaluate adequacy of all required postings					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below <input checked="" type="checkbox"/>
Did not have the opportunity to review the bulletin board during the mine visit. Inspection was on-going at the time of departure of the audit team.						

52.	Interview responsible person(s) and evaluate knowledge of emergency response, evacuation procedures, and fire fighting processes and first aid (Person in charge)					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below <input checked="" type="checkbox"/>
Did not review during the mine visit. Inspection was on-going at the time of departure of the audit team.						

54.	Determine if districts are conducting sufficient, in-depth Peer Reviews					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below <input checked="" type="checkbox"/>
Audit team did not review the peer reviews. Documentation is maintained at the District						

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Office.

55. Determine if MSHA headquarters is conducting sufficient, in-depth Peer Reviews

Adequate Inadequate Not Applicable Comments Below

Not reviewed during the audit.

56. Determine if Peer Reviews identify root causes of deficiencies, corrective actions, set time lines for corrections, and identify a method for accurately measuring the success or failure of corrective actions.

Adequate Inadequate Not Applicable Comments Below

Audit team did not review the peer reviews. Documentation is maintained at the District Office.

57. Determine if Peer Reviews are being used to assess supervisors and managers performance

Adequate Inadequate Not Applicable Comments Below

Did not review Supervisors Performance rating.

62. Ten most current completed E02 (103(i) spot) inspection reports

Adequate Inadequate Not Applicable Comments Below

63. Citations and orders issued during previous two quarters

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Adequate	<input type="checkbox"/>	Inadequate	<input checked="" type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
<i>See Attachment C</i>						

64.	Determine if 104(d) tracking system is in place at the office being audited, and is being kept up to date					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below

65.	Determine mine files are legible, and up to date					
Adequate	<input checked="" type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below
Mine files are neat, orderly, legible, up to date, and labeled appropriately. These files are the best well kept files that the audit team has observed.						

66.	Determine if miners are adequately trained in the provisions of any new conditions/changes/equipment at the mine.					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>	Comments Below <input checked="" type="checkbox"/>
Inspection was not completed during the accountability audit. Was not review during the audit mine visit.						

69.	Determine if required information is submitted in the plan					
Adequate	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>	Comments Below

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70. Determine if submitted plans are evaluated for provisions contrary to standards or regulations

Adequate Inadequate Not Applicable Comments Below

71. Evaluate the effectiveness of management's support of, and communication with, inspectors and specialists

Adequate Inadequate Not Applicable Comments Below

Weekly meeting are conducted with district and field office personnel.

73. Are MSHA Forms 7000-1 accurately reviewed for proper information and potential violations, unsafe practices, or conditions?

Adequate Inadequate Not Applicable Comments Below

Not reviewed during the accountability audit.

74. Determine if inspectors have sufficient equipment and supplies to conduct thorough inspections.

Adequate Inadequate Not Applicable Comments Below

The accompanied inspector had the necessary equipment to conduct a thorough and complete inspection at the Hamburg Division operation.

75. Determine if adequate close-out conferences are being conducted at the end of each inspection.

Adequate Inadequate Not Applicable Comments Below

Documentation in the files review indicates that close out conferences are being conducted by the inspector at the end of the inspection. Some of the inspection files indicate that all the information required for the close-out conference is not included on the close-out form 4000-49C. FAR 2nd review notes state "No MSHA participants listed", "No comments or topics discussed on issuances - just provides a list of citations", etc.

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76. Determine if E01 inspections at surface mines includes an observation/evaluation of blast hole drilling, loading, and blasting operations.

Adequate Inadequate Not Applicable Comments Below

Inspection party observed blasting during the time of the audit. Citation was issued during the inspection under 56.6306a.

77. Determine if manpower at the field office is sufficient to ensure adequate, complete inspections, investigations, and other activities.

Adequate Inadequate Not Applicable Comments Below

100% Completion rate was achieved in FY 2009 with current number of FTE's

78. Evaluate the two most current completed E01 (regular) inspections

Adequate Inadequate Not Applicable Comments Below

The following information is a summary of the most recent two completed regular inspections:

(b) (6)

- (1) Citations issued with Audit Team.
- (2) Total Hrs and Citations Issued during the regular inspection.

See Attachment C

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79. Citations, orders issued during previous two quarters

Adequate Inadequate Not Applicable Comments Below

Evaluations for gravity, negligence, and the type of enforcement action taken are not always consistent with the narrative of the citations issued. Examples of the inconsistency are found in Attachment C such as 1]

1

Citation and Order Writing Handbook pp 7 & 9

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District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED]	3. Citation/ Order Number [REDACTED]
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8. Condition or Practice

8a. Written Notice (103g)

The Caterpillar 773 B Haul Truck (Company #R11) parked at the scale house area, was not chocked or ribbed, with a slight grade. People around this equipment were exposed to a fatal injury if the trucked moved after it was parked. The area is heavily travelled by trucks and people entering the scale building. The driver of the haul truck was observed walking it front of the vehicle after it was parked.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14207
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action

A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due

A. Date [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate The truck moved and parked with the front tire against a stockpile of stone & dirt, terminating the citation.

18. Terminated

A. Date [REDACTED] Yr B. Time (24 Hr. Clock) [REDACTED]

Section IV—Automated System Data

19. Type of Inspection (activity code) E01

20. Event Number [REDACTED]

21. Primary or Mill M

22. Signature [REDACTED]

23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 09 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

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District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED] 3. Citation/Order Number [REDACTED]

4. Signed by [REDACTED]

(Contractor)

8. Condition or Practice 8a. Written Notice (103g)

A Western Star tri-axle dump truck (Company name on truck LJC) parked at the scale house area, was not chocked or ribbed, with a slight grade. People around this equipment were exposed to a fatal injury if the trucked moved after it was parked. The area is heavily travelled by trucks and people entering the scale building. The driver of truck parked the truck and entered the scale house.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14207
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Section II—Inspector's Evaluation

10. Gravity:
 A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate The truck was moved and parked with the wheel against a berm of stone, terminating the citation.

18. Terminated A. Date Mo Da Yr [REDACTED] B. Time (24 Hr. Clock) [REDACTED] (6)

Section IV—Automated System (103)

19. Type of Inspection (activity) [REDACTED] 20. Event Number [REDACTED] 21. Primary or Mill M

22. Signature [REDACTED] 23. AR Number [REDACTED] (6)

MSHA Form 7

Provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date <u>[REDACTED]</u>	3. Citation/Order Number <u>[REDACTED]</u> (6)
4. Served To <u>[REDACTED]</u>	

(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

Jorge Caballero, the operator of a Western Star tri-axle dump truck Company name on door LJC) did not received site specific hazard awareness training which is information or instructions on hazards he would be exposed to at the mine. The training must address site-specific health and safety risks, such as unique geologic or environmental conditions, recognition and avoidance of hazards such as electrical and powered-haulage hazards, traffic patterns and control, and restricted areas; and warning and evacuation signals, evacuation and emergency procedures, or other special safety procedures.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 46.11d
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice

E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date [REDACTED]

Section III—Termination Action

17. Action to Terminate Site specific hazard awareness training was given to Jorge Caballero, terminating the citation.

18. Terminated A. Date [REDACTED]

Section IV—Automated System Data

19. Type of Inspection (activity code) <u>[REDACTED]</u>	20. Event Number <u>[REDACTED]</u>	21. Primary or Mill <u>M</u>
22. Signature <u>[REDACTED]</u>		23. AR Number <u>[REDACTED]</u>

MSHA Form 7000—... provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED]	3. Citation/Order Number [REDACTED]
5. Operator [REDACTED]	
(Contractor) <input type="checkbox"/>	
8a. Written Notice (103g) <input type="checkbox"/>	

There were no berms provided along an elevated roadway which was 90' in length and ranged from ground level to 10 foot in height. There also was an unbermed area that was 45' wide with a 10' drop off near the top area of the roadway. Miners operating a vehicle were subject to an overturn.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <p align="center">56.9300a</p>
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date (Mo Da Yr) [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section III—Termination Action

17. Action to Terminate

18. Terminated	A. Date (Mo Da Yr)	B. Time (24 Hr. Clock)
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Section IV—Automated System Data

19. Type of Inspection (activity code) [REDACTED]	20. Event Number [REDACTED]	21. Primary or Mill <p align="center">M</p>
22. Signature [REDACTED]		23. AR Number [REDACTED]

MSHA Form 7001 In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2129/Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date <u>Mo Da Yr</u>	2. Time (24 Hr. Clock) <u>[REDACTED]</u>	3. Citation/Order Number <u>[REDACTED]</u>
4. Subject To <u>[REDACTED]</u>	5. Operator <u>[REDACTED]</u>	

(Contractor)

6. CONTRIBUTION OF VIOLATOR

8a. Written Notice (103g)

There were no warning signs, such as "Danger", "Explosives" or "Keep Out" at three separate entrances of the blast area warning people of unauthorized entry. Two of the areas did have cones placed, and one area where trucks were hauling material from was not. Miners were exposed to fatal type injuries of a premature detonation of blasting material and or flying rock.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.6306a
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr 3. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate Signs were provided, terminating the citation.

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock) [REDACTED]

Section IV—Automated System Data

19. Type of Inspection (activity code) F01 20. Event Number [REDACTED] 21. Primary or Mill P

22. Signature [REDACTED] 23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 88 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/Order Number [REDACTED]
4. Operator [REDACTED]		(Contractor) <input type="checkbox"/>
8a. Written Notice (103g) <input type="checkbox"/>		

There was no hand railing provided at the top of the stairs at the 10,000 gallon diesel fuel tank located in the quarry. The top platform had a 4' opening with a 6' drop to the quarry floor. Miners were subject to broken bone type injuries falling from the platform.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <p align="center">56.11002</p>
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104g 13. Type of issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate. A chain was installed at the (6pening, terminating the citation.)

18. Terminated A. Date Mo Da Yr [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section IV—Automated System Data

19. Type of Inspection (activity) [REDACTED] 20. Event Number [REDACTED] (6) 21. Primary or Mill P)

22. Signatur _____ 23. AR Number [REDACTED]

MSHA Form 7... provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW IAC 2120 Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Citation/Order U.S. Department of Labor
 Mine Safety and Health Administration

Section I—Violation Data	
1. Date [REDACTED]	3. Citation/Order Number [REDACTED]
8. Condition or Practice 8a. Written Notice (103g) <input type="checkbox"/>	

The mine Superintendent switching places the operator of the Caterpillar 992 Front End Loader at the 600 bench level did not perform a pre-shift examination of the vehicle prior to placing it in operation to load quarry haul trucks. The company contends that since a pre-check was performed by the previous operator prior to the switch on the same shift, a second examination was not warranted.

See Continuation Form (MSHA Form 7000-3a) <input type="checkbox"/>			
9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14100a

Section II—Inspector's Evaluation					
10. Gravity:					
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>					
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>					
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action: 104a		13. Type of issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number	
15. Area or Equipment					

16. Termination Due	
A. Date (Mo Da Yr) [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate The Superintendent was informed of the regulation and understand that a pre-shift must be done, terminating the citation.

18. Terminated	
A. Date (Mo Da Yr) [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]

Section IV—Automated System Data		
19. Type of (activity) [REDACTED]	21. Primary or Mill P	23. AR Number: [REDACTED]
22. Signature [REDACTED]		

MSHA Form 7000-3a (Rev. 10-2000) and provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2129, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/Order Number [REDACTED]
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8. Condition or Practice

(Contractor) 8a. Written Notice (103g)

The Caterpillar 773 B Haul Truck (Company #R11) parked at the scale house area, was not chocked or ribbed, with a slight grade. People around this equipment were exposed to a fatal injury if the trucked moved after it was parked. The area is heavily travelled by trucks and people entering the scale building. The driver of the haul truck was observed walking it front of the vehicle after it was parked.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.14207

Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action

A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due

A. Date Mo Da Yr [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate ⁽⁶⁾ The truck moved and parked with the front tire against a stockpile of stone & dirt, terminating the citation.

18. Terminated

A. Date Mo Da Yr [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section IV—Automated System Data

19. Type of Inspection (activi) [REDACTED] 20. Event Number [REDACTED]

21. Primary or Mill M

22. Signat

23. AR Number (b) (6)

MSHA Form established enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b) (6)

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date <u>(b) (6)</u>	2. Time (24 Hr. Clock) <u>(b) (6)</u>	3. Citation/ Order Number <u>(b) (6)</u>
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9. CONTINUATION OF FIELD USE OSHA FIELD OFFICE (103g)

A Western Star tri-axle dump truck (Company name on truck LJC) parked at the scale house area, was not chocked or ribbed, with a slight grade. People around this equipment were exposed to a fatal injury if the trucked moved after it was parked. The area is heavily travelled by trucks and people entering the scale building. The driver of truck parked the truck and entered the scale house.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.14207</u>
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr

Section III--Termination Action

17. Action to Terminate The truck was moved and parked with the wheel against a berm of stone, terminating the citation.

18. Terminated A. Date Mo Da Yr 3. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) 20. Event Number (b) (6) 21. Primary or Mill M

22. Signature (b) (6) 23. AR Number (b) (6)

MSHA Form 7000-3a, 10/1/99. Provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2129, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr () () ()	2. Time (24 Hr. Clock)	3. Citation/ Order Number
4. Section of Act () ()	5. Operator () ()	(Contractor) sa. written notice (103g) <input type="checkbox"/>

8. Condition or Practice

The traffic pattern at the intersection of the office building and scale area was congested with truck haulage that had no right of way direction. The quarry haul road signage showed a right hand traffic pattern, but at the office building intersection there were no signs to direct truck to stop on not enter into the main haul road to prevent vehicle collision.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.9100b
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated: Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity) 20. Event Number 21. Primary or Mill M 22. Signature 23. AR Number (6)

MSHA Form 7000-3, April 1998. In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120 Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b)(6)

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date (b)(6) 3. Citation/Order Number (b)(6)

4. Served To (b)(6)

(Contractor)

8. Condition or Practice 8a. Written Notice (103g)

(b)(6) the operator of a Western Star tri-axle dump truck Company name on door LJC) did not received site specific hazard awareness training which is information or instructions on hazards he would be exposed to at the mine. The training must address site-specific health and safety risks, such as unique geologic or environmental conditions, recognition and avoidance of hazards such as electrical and powered-haulage hazards, traffic patterns and control, and restricted areas; and warning and evacuation signals, evacuation and emergency procedures, or other special safety procedures.

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health Safety Other B. Section of Act C. Part/Section of Title 30 CFR 46.11d

Section II—Inspector's Evaluation

10. Gravity: A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate Site specific hazard awareness training was given to (b)(6) terminating the citation.

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (active) 20. Event Number 21. Primary or MII M

22. Signal 23. AR Number (b)(6)

MSHA Form 7000-3a, 10/2009. Provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (6)

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data	
1. Date Mo Da Yr <u>(6)</u>	2. Time (24 Hr. Clock) <u>(6)</u>
3. Citation/ Order Number <u>(6)</u>	4. Served To <u>(6)</u>
5. Operator <u>(6)</u>	7. <u>(6)</u>
(Contractor)	
8a. Written Notice (103g) <input type="checkbox"/>	

There were no berms provided along an elevated roadway which was 90' in length and ranged from ground level to 10 foot in height. There also was an unbermed area that was 45' wide with a 10' drop off near the top area of the roadway. Miners operating a vehicle were subject to an overturn.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.9300a</u>
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Section II—Inspector's Evaluation

10. Gravity:			
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>			
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>			
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: <u>001</u>
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>			
12. Type of Action <u>104a</u>		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>	
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number
F. Dated Mo Da Yr			
15. Area or Equipment			

16. Termination Due	A. Date Mo Da Yr <u>(6)</u>	B. Time (24 Hr. Clock) <u>(6)</u>
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Section III—Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV—Automated System Data

19. Type of Inspection (activity code) <u>(6)</u>	20. Event Number <u>(6)</u>	21. Primary or Mill <u>M</u>
22. Signature <u>(6)</u>	23. AR Number <u>(6)</u>	

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b) (6)

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr <u> </u>	2. Time (24 Hr. Clock) <u> </u>	3. Citation/ Order Number <u> </u>
4. Served To <u> </u>		
(Contractor)		
8a. Written Notice (103g) <input type="checkbox"/>		

There were no warning signs, such as "Danger", "Explosives" or "Keep Out" at three separate entrances of the blast area warning people of unauthorized entry. Two of the areas did have cones placed, and one area where trucks were hauling material from was not. Miners were exposed to fatal type injuries of a premature detonation of blasting material and or flying rock.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.6306a</u>
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Section II—Inspector's Evaluation

10. Gravity:					
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>					
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>					
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: <u>001</u>	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>					
12. Type of Action <u>104a</u>		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>			
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number		F. Dated Mo Da Yr
15. Area or Equipment					

16. Termination Due	A. Date Mo Da Yr <u> </u>	B. Time (24 Hr. Clock) <u> </u>
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Section III—Termination Action

17. Action to Terminate Signs were provided, terminating the citation.

18. Terminated	A. Date Mo Da Yr <u> </u>	B. Time (24 Hr. Clock) <u> </u> (6)
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Section IV—Automated System Data

19. Type of Inspection (act) <u> </u>	20. Event Number <u> </u>	21. Primary or Mill <u>P</u>
22. Sign <u>(6)</u>		23. AR Number <u> </u> (6)

MSHA Form 7000-3, April 1999 (10/99) (11) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date	Mo Da Yr [REDACTED]	12 Time (24 Hr Clock)	[REDACTED]	3. Citation/Order Number (6)
4. Served To	[REDACTED]		5. Operator	[REDACTED]
6. [REDACTED]				
7. [REDACTED]				
8. Condition or Practice	8a. Written Notice (103g) <input type="checkbox"/>			

There was no hand railing provided at the top of the stairs at the 10,000 gallon diesel fuel tank located in the quarry. The top platform had a 4' opening with a 6' drop to the quarry floor. Miners were subject to broken bone type injuries falling from the platform.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.11002

Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input checked="" type="checkbox"/> Reasonably Likely <input type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>				
C. Significant and Substantial: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				D. Number of Persons Affected: 001
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
				F. Dated Mo Da Yr
15. Area or Equipment				

18. Termination Due	A. Date Mo Da Yr [REDACTED]
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Section III--Termination Action (6)

17. Action to Terminate A chain was installed at the opening, terminating the citation.

18. Terminated	A. Date Mo Da Yr [REDACTED]	B. Time (24 Hr. Clock)	[REDACTED]
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	[REDACTED]	21. Primary or Mill	P
22. Signat	[REDACTED]			23. AR Number	(6)

MSHA Form established.

visions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has ombudsmen and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b)(6)
 (6)

Mine Citation/Order U.S. Department of Labor
 Mine Safety and Health Administration

Section I--Violation Data

1. Date Mo Da Yr (b)(6)	2. Time (24 Hr. Clock) (b)(6)	3. Citation/ Order Number (b)(6)
5. Operator (b)(6)		(Contractor)

8. Condition or Practice 8a. Written Notice (103g)

The area was bermed but there was no warning sign at the 750 level in the quarry where a hazardous condition existed. Ground conditions that create a hazard to persons shall be taken down or supported before other work or travel is permitted in the affected area. Until corrective work is completed, the area shall be posted with a warning against entry and, when left unattended, a barrier shall be installed to impede unauthorized entry.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.3200
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr (b)(6) B. Time (24 Hr. Clock) (b)(6)

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity) (b)(6) 20. Event Number (b)(6) 21. Primary or Mill P 22. Signatur (b)(6) 23. AR Number (b)(6)

MSHA Form 7000-3a, (10/99) The provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120 Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b)(6)

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date <u>(b)(6)</u>	3. Citation/ Order Number <u>(b)(6)</u>
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8. Condition or Practice

8a. Written Notice (103g)

The Caterpillar 345 BL Excavator which had been operating in the 600 level in the quarry had a missing right side mirror. The machine operator who was operating the machine earlier that morning did note the mirror missing on the pre-trip but did not notify the operator of the hazard. There was no other equipment or miners in the area where the machine had been operating. The machine was not operating at the time of inspection.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.14100b</u>
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate (b)(6)

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) (b)(6) 20. Event Number (b)(6) 21. Primary or Mill P 23. AR Number (b)(6)

22. Signature (b)(6)

MSHA Form 7000 Provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (6)

Mine Citation/Order		U.S. Department of Labor Mine Safety and Health Administration	
Section I--Violation Data			
1. Date	Mn Da Yr	2. Time (24 Hr. Clock)	3. Citation/Order Number
4. Sent to			
			(Contractor)
			8a. Written Notice (103g) <input type="checkbox"/>

The rock muck pile located in the 600 level of the quarry was not trimmed back to prevent a potential hazard to employees. The muck pile was estimated 50 feet in height/with a near vertical angle. A Caterpillar 992 front-end loader was being used to load trucks from this muck pile where there was untrimmed rock seen falling down as the loader was operating in that area. The loader operator was seen loading from the muck pile on an angle making the event of an injury reasonably likely.

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.9314
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Section II--Inspector's Evaluation				
10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
				F. Dated Mo Da Yr
15. Area or Equipment				

16. Termination Due	A. Date Mn Da Yr	B. Time (24 Hr. Clock)
		(6)

Section III--Termination Action

17. Action to Terminate The muck pile was back with the excavator, terminating the citation.

18. Terminated	A. Date Mn Da Yr	B. Time (24 Hr. Clock)
		(6)

Section IV--Automated System		
19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
R01	(6)	P
22. Signature	23. AR Number	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2126, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b)(6)

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr <u>(b)(6)</u>	2. Time (24 Hr. Clock) <u>(b)(6)</u>	3. Citation/ Order Number <u>(b)(6)</u>
4. Served To <u>(b)(6)</u>		(6)

(Contractor)

8. Condition or Practice 8a. Written Notice (103g)

There was a 1 1/4" opening in the bottom of the 480 volt junction box for the hydraulic hammer. The bottom opening was 3" away from the energized electrical connections. Miners were subject to an electrocution hazard. The opening was 48" to ground level and was hard to recognize due to its location.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.12041</u>
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number
F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr (b)(6) B. Time (24 Hr. Clock) (b)(6)

Section III—Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) R01 20. Event Number (b)(6) 21. Primary or Mill P

22. Signature (b)(6) 23. AR Number (b)(6)

MSHA Form 7000-3, April 2010 (rev. 10/10) Pursuant to the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date <u> </u>	2. Time (24 Hr. Clock) <u> </u>	3. Citation/Order Number <u> </u>
4. Served To <u> </u>	5. Operator <u> </u>	

(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

There were (2) 1" openings in the bottom of the 480 volt starter for the hydraulic hammer. The openings were 4" away from the energized electrical connections. Miners were subject to an electrocution hazard. The openings were 27" from the bottom the box to the concrete pier it was setting on and was 24" to the ground. It was also 24 " from the walkway making it hard to recongnize or come in contact with.

See Continuation Form (MSHA Form 7000-3e)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	65.12041
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill P

22. Signature 23. AR Number

MSHA Form 7C... provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW, MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr <u> </u>	2. Time (24 Hr. Clock) <u> </u>	3. Citation/ Order Number (6) <u> </u>
4. Served To <u> </u>		(6) <u> </u> (Contractor)

8. Condition or Practice 8a. Written Notice (103g)

The fire extinguisher that was located in the Primary MCC room was not inspected for the months of August and September. Fire extinguishers shall be inspected visually at least once a month to determine that they are fully charged and operable. The last monthly was dated July. Miners were subject to smoke and/or burn injuries should the fire fail to operate.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.4201A1</u>
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate The fire extinguisher was inspected, terminating the citation.

18. Terminated A. Date Mo Da Yr Time (24 Hr. Clock) (6)

Section IV—Automated System (06)

19. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill P

22. Signature 23. AR Number

MSHA Form 7000-3, Apr 06 (rev 05/06) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order
 Continuation

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue) [REDACTED] (6)	3. Citation/Order Number [REDACTED] (6)
4. Signed To [REDACTED] (6)	5. Operator [REDACTED] (6)	

Section II—Justification for Action

A bushing installed, terminating the citation.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To	A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV—Inspection Data

9. Type of Inspection	E01	10. Event Number	[REDACTED]
11. Signal	[REDACTED] (6)	AR Number	[REDACTED] (6)
		12. Date	[REDACTED] (6)

MSHA Form 7000-3a, May 85 (revised)

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(
6
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Attachment D

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (6)
 (6)

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr (6)	2. Time (24 Hr. Clock) (6)	3. Citation/ Order Number (6)
4. Signed To (6)	5. Title (6)	

8. Condition or Practice 8a. Written Notice (103g)

The 480 volt power cable that is used to connect to a generator was not bushed properly where the cable exited the MCC building. Power wires and cables shall be insulated adequately where they pass into or out of electrical compartments. The insulating jacket was subject to mechanical damage.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12008
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity) RA1 20. Event Number (6) 21. Primary or Mill P

22. Signature (6) 23. AR Number (6)

MSHA Form 7000-3, Apr 68, revised. In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date Mo Da Yr <u>[REDACTED]</u> (6)	2. Time (24 Hr. Clock) <u>[REDACTED]</u> (6)	3. Citation/ Order Number <u>[REDACTED]</u>
4. Operator <u>[REDACTED]</u>		C. <u>[REDACTED]</u>

5. Condition or Practice

(Contractor)
 or, written Notice (103g)

The company mining in the 600 bench level did not utilize any mining method to maintain the loose broken fractured rocks from falling off the high wall face onto the working bench below. The high walls were approximately 50' in height. The company was placing a rock berm barrier out from the base 40' to prevent haulage equipment from accessing the fractured rocks. The barrier provided did not have any posted warning of the hazardous dangers of the falling rocks. ~~Several other benches in the quarry had the same condition which the company had no idea how to remedy the hazard condition.~~ Employees working in and around this area were exposed to the possibility of injury from the fall of the material hazards.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.3130
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>			E. Citation/ Order Number	F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date Mo Da Yr <u>[REDACTED]</u>	B. Time (24 Hr. Clock) <u>[REDACTED]</u>
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Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code) <u>E01</u>	20. Event Number <u>[REDACTED]</u>	21. Primary or Mill <u>P</u>
22. Signatur <u>[REDACTED]</u>		23. AR Number <u>[REDACTED]</u>

MSHA Form 7000-3, APR 1985 (REVISED) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date [REDACTED] (6)	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/Order Number [REDACTED]
[REDACTED]		4. [REDACTED] (6)
[REDACTED]		5. [REDACTED]
[REDACTED]		6. [REDACTED]
[REDACTED]		7. [REDACTED]
[REDACTED]		8. [REDACTED]
[REDACTED]		9. [REDACTED]
[REDACTED]		10. [REDACTED]
[REDACTED]		11. [REDACTED]
[REDACTED]		12. [REDACTED]
[REDACTED]		13. [REDACTED]
[REDACTED]		14. [REDACTED]
[REDACTED]		15. [REDACTED]
[REDACTED]		16. [REDACTED]
[REDACTED]		17. [REDACTED]
[REDACTED]		18. [REDACTED]
[REDACTED]		19. [REDACTED]
[REDACTED]		20. [REDACTED]
[REDACTED]		21. [REDACTED]
[REDACTED]		22. [REDACTED]
[REDACTED]		23. [REDACTED]

(Contractor)

8a. Written Notice (103g)

The area around the primary MCC transformer was not kept clear of vegetation. Miners were subject to smoke and or burn injuries.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.4130b
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date [REDACTED] (6)	B. Time (24 Hr. Clock) [REDACTED]
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Section III--Termination Action

17. Action to Terminate Vegetation was cut down, terminating the citation.

18. Terminated	A. Date [REDACTED]	B. Time (24 Hr. Clock) [REDACTED]
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number [REDACTED]	21. Primary or Mill P
22. Signature [REDACTED]	23. AR Number [REDACTED]	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b)(6)
 (6)

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date (b)(6) 3. Citation/Order Number (b)(6)

5. Operator (b)(6)

(Contractor)

8. Condition or Practice USE WRITTEN NOTICE (103g)

The self cleaning tail pulley of the C-1 conveyor belt was not guarded to prevent contact with the self cleaning pulley. The pulley was 6' from ground level and 22" in diameter by 36" in width. Miners enter this area daily to clean.

See Continuation Form (MSHA Form 7000-3a)

9. Violation

A. Health Safety Other	<input type="checkbox"/>
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B. Section of Act	
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C. Part/Section of Title 30 CFR	56.14107a
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Section II—Inspector's Evaluation

10. Gravity: A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date (b)(6) B. Time (24 Hr. Clock) (b)(6)

Section III—Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number (b)(6) 21. Primary or Mill P

22. Signature (b)(6) 23. AR Number (b)(6)

MSHA Form 7000-3, Apr 05 (revised) in accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED] 2. Time (24 Hr. Clock) [REDACTED] 3. Citation/Order Number [REDACTED]

(6)

Contractor

See Written Notice (103g)

There were 4 unguarded incandescent bulbs that were located at the Rat hole area that were 6 1/2' from floor level and not guarded. Miners were subject to an electric shock hazard. The area is cleaned daily prior to start up of the plant. The plant starts at 5 A.M. there fore the circuit for these lights are energized.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30-CFR
			56.12034

Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

18. Termination Due A. Date [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number [REDACTED] 21. Primary or Mill P

22. Signature [REDACTED] 23. AR Number [REDACTED]

MSHA Form 7000-3a, 10/1/93. Pursuant to the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED] 2. Time (24 Hr. Clock) [REDACTED] 3. Citation/Order Number [REDACTED]

(b) (5)

(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

The guard which covers the tail of the mobile conveyor was not in place. The guard was bent and the bolts missing. The conveyor was not running at the time of inspection and the location of the opening would make incidental contact unlikely.

See Continuation Form (MSHA Form 7000-3a)

9. Violation A. Health B. Section of Act C. Part/Section of Title 30 CFR 56.14112b

Section II—Inspector's Evaluation

10. Gravity:
 A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate The guard was straightened and bolted in place, terminating the citation.

16. Terminated A. Date Time (24 Hr. Clock)

Section IV—Automated System

19. Type of Inspection (activity code) E01 20. Event Number 21. Primary or Mill P

22. Signatur [REDACTED] 23. AR Number

MSHA Form 7000-3, April 1980 (10/1980) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2220, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration



Section I-Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation 2. Dated (Original Issue) Mo Da Yr 3. Citation/Order Number

Change From To

8. Condition Or Practice

Reason Change the wording of "in place" to "secure"

Incorrect wording used.

See Continuation Form

Section III-Subsequent Action Taken

8. Extended To A. Date Mo Da Yr B. Time (24 Hr. Clock) C. Vacated D. Terminated E. Modified

Section IV-Inspection Data

9. Type of Inspection 701 10. Event Number

11. Signature AR Number 12. Date

MSHA Form 7

(6)

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b)

Mine Citation/Order
 Continuation

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/>	2. Dated (Original Issue)	Mo Da Yr	3. Citation/ Order Number (b)
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 (b) _____
 _____ (b) _____
 _____ (b) _____

Section II—Justification for Action

A plug was installed, terminating the citation.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To	A. Date	Mo	Da	Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated <input checked="" type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified
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Section IV—Inspection Data

9. Type of Inspection E01	10. Event Number (b)
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11. Signal	AP Number	12. Date	Mo	Da	Yr	13. Time (24 Hr. Clock)
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MSHA Form 7000-3a, Mar 95 (revised)

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District Field Office Mine ID] Date]

Mine Citation/Order
Continuation

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Subsequent Action/Continuation Data

1. Subsequent Action 1a. Continuation <input checked="" type="checkbox"/>	2. Dated (Original Issue) Mo Da Yr [redacted]	3. Citation/Order Number [redacted]
4. Signed To [redacted]	5. Operator [redacted] (contractor)	

Section II—Justification for Action

Plugs were installed, terminating the citation.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To A. Date Mo Da Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated	<input checked="" type="checkbox"/> D. Terminated	<input type="checkbox"/> E. Modified
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Section IV—Inspection Data

9. Type of Inspection E01	10. Event Number [redacted]
11. S [redacted]	12. Date Mo Da Yr [redacted]
13. Time (24 Hr. Clock)	[redacted]

MSHA Form 7000-3a, Mar 85 (revised)

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order
Continuation

U.S. Department of Labor
Mine Safety and Health Administration



Section I—Subsequent Action/Continuation Data

1. Subsequent Action <input checked="" type="checkbox"/> Continuation <input type="checkbox"/>	2. Dated (Original Issue)	Mo	Da	Yr	3. Citation/Order Number
		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
4. Served To				5. Operator	
[REDACTED]				[REDACTED]	
				i(6)	

Section II—Justification for Action

The bottom of C-1 conveyor was guarded, terminating the citation.

See Continuation Form

Section III—Subsequent Action Taken

8. Extended To	A. Date	Mo	Da	Yr	B. Time (24 Hr. Clock)	<input type="checkbox"/> C. Vacated <input checked="" type="checkbox"/> D. Terminated <input type="checkbox"/> E. Modified

Section IV—Inspection Data

9. Type of Inspection	E01	10. Event Number	[REDACTED]
11. Signature	AR Number	12. Date	13. Time (24 Hr. Clock)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

MSHA Form 7000-22, Mar 07 (revise)

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED] Date [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr <u>[REDACTED]</u>	2. Time (24 Hr. Clock) <u>[REDACTED]</u>	3. Citation/ Order Number <u>[REDACTED]</u>
5. Operator <u>[REDACTED]</u>		(Contractor) <input type="checkbox"/>

6. Description of Citation

8a. Written Notice (103g)

Adequate examinations of high walls were not being performed by the company designated person. Ground conditions that presented hazards to miners were not identified on the workplace exams. Citations were issued for the company using improper mining methods and/or scaling procedures. Miners were subject to a crushing fatal injury should a person be subject to a wall failure or loose material falling from the high wall. There were no records showing the company performed any ground testing in the quarry to assure stability of the high wall.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <u>56.3401</u>
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104g 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) 801 20. Event Number [REDACTED] 21. Primary or Mill P

22. Signature [REDACTED] 23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b) (6)
 (6)

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date (b) (6)	3. Citation/Order Number (b) (6)
5. Operator (b) (6)	
7. Mine ID (b) (6)	(Contractor)

8. Condition of Mine

8a. Written Notice (103g)

Hand railing was not provided at both ends of the tarping rack on one side. The West end had a fall possibility of 6' and East end had a fall possibility of 7'. The rack is used daily by truck drivers. Miners were subject fall injury resulting in bruises, contusions and or broken bones. An extended termination was given for the operator to design and fabricate a working solution.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11002
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Section II—Inspector's Evaluation

10. Gravity:	A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>
	B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input checked="" type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input type="checkbox"/>
	C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> D. Number of Persons Affected: 001
11. Negligence (check one)	A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>
12. Type of Action 104a	13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>
14. Initial Action	A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/> E. Citation/Order Number
	F. Dated Mo Da Yr
15. Area or Equipment	

16. Termination Due	A. Date Mo Da Yr (b) (6)	B. Time (24 Hr. Clock) (b) (6)
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Section III—Termination Action

17. Action to Terminate		
18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number (b) (6)	21. Primary or Mill M
22. Signature (b) (6)	23. AR Number (b) (6)	

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED]	3. Citation/Order Number [REDACTED]
(Contractor) <input type="checkbox"/>	

8. Condition or Practice 8a. Written Notice (103g)

In MCC Room #2 there was a 3/4" opening in the bottom of the Westinghouse LP electrical panel. The bottom opening was 1 3/4" away from the energized electrical connections. Miners were subject to an electrocution hazard. The opening was 48" to ground level and was hard to recognize due to its location.

See Continuation Form (MSHA Form 7000-0a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR <p align="center">56.12041</p>
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate A plug was installed in the opening, terminating the citation.

18. Terminated A. Date Mo Da Yr

Section IV—Automated System Data

19. Type of Inspection (activity code) R01 20. Event Number 21. Primary or Mill P

22. Signatu (6) 23. AR Number

MSHA Form provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2129, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date <u>[REDACTED]</u>	2. Time (24 hr Clock) <u>[REDACTED]</u>	3. Citation/Order Number <u>[REDACTED]</u>
4. Sent To <u>[REDACTED]</u>		
		(Contractor) <input type="checkbox"/>
		8a. Written Notice (103g) <input type="checkbox"/>

In MCC Room #2 there was an unlabeled 225 amp breaker in the 480 volt electrical panel, that was in the on position. Employees working in the area were exposed to an electrocution hazard by not being able to identify which circuit breaker to lock out to work on equipment or deactivate in case of an emergency

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.12018
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Section II--Inspector's Evaluation

10. Gravity:				
A. Injury or illness (has) (is): No Likelihood <input type="checkbox"/> Unlikely <input type="checkbox"/> Reasonably Likely <input checked="" type="checkbox"/> Highly Likely <input type="checkbox"/> Occurred <input type="checkbox"/>				
B. Injury or illness could reasonably be expected to be: No Lost Workdays <input type="checkbox"/> Lost Workdays Or Restricted Duty <input type="checkbox"/> Permanently Disabling <input type="checkbox"/> Fatal <input checked="" type="checkbox"/>				
C. Significant and Substantial: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			D. Number of Persons Affected: 001	
11. Negligence (check one) A. None <input type="checkbox"/> B. Low <input type="checkbox"/> C. Moderate <input checked="" type="checkbox"/> D. High <input checked="" type="checkbox"/> E. Reckless Disregard <input type="checkbox"/>				
12. Type of Action 104a		13. Type of Issuance (check one) Citation <input checked="" type="checkbox"/> Order <input type="checkbox"/> Safeguard <input type="checkbox"/> Written Notice <input type="checkbox"/>		
14. Initial Action A. Citation <input type="checkbox"/> B. Order <input type="checkbox"/> C. Safeguard <input type="checkbox"/> D. Written Notice <input type="checkbox"/>				E. Citation/Order Number
				F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due	A. Date <u>[REDACTED]</u>
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Section III--Termination Action

17. Action to Terminate The breaker was identified and labelled, terminating the citation.

18. Terminated	A. Date <u>[REDACTED]</u>
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Section IV--Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number <u>[REDACTED]</u>	21. Primary or Mill P
22. Signat		23. AR Number <u>[REDACTED]</u>

MSHA Form 7000-3, Apr 08 (revised). In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1998, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2124, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date Mo Da Yr [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Issued To [REDACTED]		[REDACTED]
5. Condition or Practice [REDACTED]		(Contractor) <input type="checkbox"/> REGISTRATION (103g) <input type="checkbox"/>

In MCC Room #3 there was an unlabeled 400 amp breaker in the 480 volt electrical panel, that was in the on position. Employees working in the area were exposed to an electrocution hazard by not being able to identify which circuit breaker to lock out to work on equipment or deactivate in case of an emergency.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12018
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date [REDACTED]

Section III—Termination Action

17. Action to Terminate The breaker was identified and labelled, terminating the citation.

18. Terminated A. Date [REDACTED]

Section IV—Automated System Data

19. Type of Inspection (activity code) E01	20. Event Number [REDACTED]	21. Primary or Mill P
22. Signature [REDACTED]	23. AR Number [REDACTED]	

MSHA Form 7000-1 provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
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District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date [REDACTED]	3. Citation/ Order Number [REDACTED]
5. Operator [REDACTED]	
7. [REDACTED]	

(Contractor)

8. Condition or Practice

8a. Written Notice (103g)

In MCC Room #3 there was a 1" opening in the bottom of the wire way. The bottom opening was 1/2" away from the energized electrical connections. Miners were subject to an electrocution hazard. The opening was 48" to ground level. This was the fourth citation issued for knock out plugs during this inspection.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12018
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III--Termination Action

17. Action to Terminate A plug was installed in the opening, terminating the citation. (6)

18. Terminated A. Date [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section IV--Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number [REDACTED] 21. Primary or Mill P

22. Signature [REDACTED] 23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data		
1. Date	Mo Da Yr	2. Time (24 Hr. Clock)
4. Served To		3. Citation/ Order Number
[REDACTED]		[REDACTED]
[REDACTED]		(6)

8. Condition or Practice 8a. Written Notice (103g)

The hand rails on the elevated platform at the area under the standard feed conveyor was missing, exposing miners to a fall hazard. The opening was 4 feet on one side and 16 feet on another side and the drop off to the ground was 40". The area is travelled daily for miners to perform routine inspections. Miners were subject to a fall injury. The area was taped off with caution tape to warn miners of the hazard and a longer termination time given due to the warning.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.11001

Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/ Order Number F. Dated Mo Da Yr

15. Area or Equipment

18. Termination Due	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
		(6)

Section III--Termination Action

17. Action to Terminate

18. Terminated	A. Date Mo Da Yr	B. Time (24 Hr. Clock)
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Section IV--Automated System Data

19. Type of Inspection (activity code)	E01	20. Event Number	21. Primary or Mill
		(6)	P
22. Signature			23. AR Number

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date Mo Da Yr <u>[REDACTED]</u>	2. Time (24 Hr. Clock) <u>[REDACTED]</u>	3. Citation/ Order Number <u>[REDACTED]</u>
4. Signed To <u>[REDACTED]</u>	5. Operator <u>[REDACTED]</u>	(Contractor) <u>[REDACTED]</u>

8. Condition or Practice

8a. Written Notice (103g)

In MCC Room #1 there were (2) 1/2" openings in the bottom of the wire way. The bottom openings were 1/2" away from the energized electrical connections. Miners were subject to an electrocution hazard. The opening was 48" to ground level. This was the fifth citation issued for knock out plugs during this inspection.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12018
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a

13. Type of issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III--Termination Action

17. Action to Terminate Plugs were installed in the openings, terminating the citation.

18. Terminated A. Date Mo Da Yr [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section IV--Automated System (103)

19. Type of Inspection (activity code) E01	20. Event Number <u>[REDACTED]</u>	21. Primary or MHU P	23. AR Number <u>[REDACTED]</u>
22. Signature <u>[REDACTED]</u>			

MSHA Form 7000-3, A. Divisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]	5. Operator [REDACTED]
(Contractor)	

8. Condition or Practice 8a. Written Notice (103g)

The standard feed incline conveyor was not provided with a guarding to cover the self cleaning tail pulley. The conveyor pulley was located 64" from the floor level and there was a opening of 9" directly below the pinch point. The pulley was 23" in diameter. Any person working or travelling around this area were exposed to coming in contact with the moving machine part resulting in the crushing of bones and/or amputation. The area was taped off with caution tape to warn miners of the hazard and a longer termination time given due to the warning.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health Safety Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14107a
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F: Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr [REDACTED]

Section III—Termination Action

17. Action to Terminate [REDACTED]

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity) [REDACTED] 20. Event Number [REDACTED] 21. Primary or Mill P

22. Signature [REDACTED] 23. AR Number [REDACTED]

MSHA Form 1
 In the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District Field Office Mine ID

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date	<input type="text" value=""/>	3. Citation/ Order Number	<input type="text" value=""/>

(Contractor)

6. Contention of Practice

8a. Written Notice (103g)

No means of safe access was provided at the standard feed conveyor belt. To access the right side of this conveyor belt miners had to climb approximately 39" onto the conveyor frame support, onto the rubber belt and over the other side. This procedure is performed when there is a need for maintenance repairs of the belt. Miners were subject to slip, trip and/or fall injuries. Extended time was given so the operator could fabricate a crossover.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR	56.11001
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No

D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice

E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV—Automated System Data

19. Type of Inspection (activity code) E01

20. Event Number

21. Primary or Mill P

22. Signature

23. AR Number

MSHA Form 7000-3, Apr 03 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date	[REDACTED]	3. Citation/Order Number
		[REDACTED]

8. Condition or Practice

OSHA 3091 (Rev. 10/30/89) Notice (103g) (Contractor)

The electrically powered circuit for the lighting in the rat hole area was not locked out while repairs to the light system were being performed. The company electrician had left the area to take a morning break. The circuit was energized with 110 volts. The electrician stated he had turned off the control switch but had not locked out the circuit. The foreman stated that the electrician and all personnel had received training and been provided with locks to perform this electrical task.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR
			56.12016

Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104g

13. Type of issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number

F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III—Termination Action

17. Action to Terminate The breaker was turned off, and the switch was locked and tagged out, terminating the citation.

18. Terminated A. Date [REDACTED]

Section IV—Automated System

19. Type of Inspection (activity code)	20. Event Number	21. Primary or Mill
[REDACTED]	[REDACTED]	P
22. Signature		23. AR Number
[REDACTED]		[REDACTED]

MSHA Form 7000-3, Apr 08 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I—Violation Data

1. Date [REDACTED]	2. Time (24 Hr. Clock) [REDACTED]	3. Citation/ Order Number [REDACTED]
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(Contractor)

5. Condition or Practice

8a. Written Notice (103g)

There was a 1" gap between the cover plates where they were attached at the bottom of the wire tray and the plates were not secure. The plates were located 50" from the floor and were not secure the trough measured 13' in length by 10" in height. The bottom wire trays which were located 1 1/2' from the floor had unsecured cover plate also. The trough was 8' in length by 6" and the plate was not fastened correctly. The some of the wires in the tray contained 480 volts which was energized. Miners were subject to an electrocution hazard.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12032
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Section II—Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a

13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section III—Termination Action

17. Action to Terminate The cover plates were secured, terminating the citation.

18. Terminated A. Date B. Time (24 Hr. Clock)

Section IV—Automated System Use

19. Type of Inspection (activity code) P01 20. Event Number 21. Primary or Mill P

22. Signature 23. AR Number

MSHA Form 7000-3, Apr 06 (revised) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date [REDACTED]	3. Citation/ Order Number [REDACTED]
4. Served To [REDACTED]	(Contractor) 8a. Written Notice (103g) <input type="checkbox"/>

5. Condition or Practice
 There was a broken conduit which was 2 - 3 feet above the tail area of the standard belt and 20" away from the elevated walkway . The conduit was taped together but there were exposed conductors subject to mechanical damage. There was no bare copper exposed and the wires were not energized at the time of inspection. The wire were 120 volt control circuits.

See Continuation Form (MSHA Form 7000-3a)

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.12004
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date [REDACTED] B. Time (24 Hr. Clock) [REDACTED]

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity code) E01 20. Event Number [REDACTED] 21. Primary or Mill P

22. Signature [REDACTED] (6) 23. AR Number [REDACTED]

MSHA Form 7000-3a with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-734-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 409 3rd Street, SW MC 2120, Washington, DC 20418. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine Citation/Order

U.S. Department of Labor
 Mine Safety and Health Administration



Section I--Violation Data

1. Date <u>[REDACTED]</u>	3. Citation/Order Number <u>[REDACTED]</u> (6)
4. Served To <u>[REDACTED]</u>	
(Contractor) <input type="checkbox"/>	

5. Condition or Practice

See Continuation Form (MSHA Form 7000-3a)

The roadway to the second mill area under the 1 1/2" conveyor belt was not protected from falling rocks. Rocks ranging in size from 1 - 4 " were falling from the belt on start up and when the belt was almost empty. The rocks were falling from a height ranging from 16 - 22'. Miners were subject to contusions, cuts and/or broken bones. The termination time was extended to allow for the operator to fabricate material.

9. Violation	A. Health <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/>	B. Section of Act	C. Part/Section of Title 30 CFR 56.14110
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Section II--Inspector's Evaluation

10. Gravity:

A. Injury or illness (has) (is): No Likelihood Unlikely Reasonably Likely Highly Likely Occurred

B. Injury or illness could reasonably be expected to be: No Lost Workdays Lost Workdays Or Restricted Duty Permanently Disabling Fatal

C. Significant and Substantial: Yes No D. Number of Persons Affected: 001

11. Negligence (check one) A. None B. Low C. Moderate D. High E. Reckless Disregard

12. Type of Action 104a 13. Type of Issuance (check one) Citation Order Safeguard Written Notice

14. Initial Action A. Citation B. Order C. Safeguard D. Written Notice E. Citation/Order Number F. Dated Mo Da Yr

15. Area or Equipment

16. Termination Due A. Date [REDACTED]

Section III--Termination Action

17. Action to Terminate

18. Terminated A. Date Mo Da Yr B. Time (24 Hr. Clock)

Section IV--Automated System Data

19. Type of Inspection (activity cod) [REDACTED] 20. Event Number [REDACTED] 21. Primary or Mill P

22. Signature [REDACTED] 23. AR Number [REDACTED]

MSHA Form 7000-3, Apr 08 (rev 1996) In accordance with the provisions of the Small Business Regulatory Enforcement Fairness Act of 1996, the Small Business Administration has established a National Small Business and Agriculture Regulatory Ombudsman and 10 Regional Fairness Boards to receive comments from small businesses about federal agency enforcement actions. The Ombudsman annually evaluates enforcement activities and rates each agency's responsiveness to small business. If you wish to comment on the enforcement actions of MSHA, you may call 1-888-REG-FAIR (1-888-794-3247), or write the Ombudsman at Small Business Administration, Office of the National Ombudsman, 408 3rd Street, SW MC 2120, Washington, DC 20416. Please note, however, that your right to file a comment with the Ombudsman is in addition to any other rights you may have, including the right to contest citations and proposed penalties and obtain a hearing before the Federal Mine Safety and Health Review Commission.

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

(Shaded areas indicate apparent discrepancies between narrative, notes, and evaluation)

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104(a)	56.14211(c)	Y	RL	Perm	2	Mod
<p>Two employees were observed in the weld shop, working on a raised component that was not secured to prevent accidental lowering of that component. The two employees were welding on a steel plate that was 2 inches in diameter, 24 inches wide, and 64 1/2 inches in length. The metal plate was located on the lifting forks of a Komatsu FG25-8 forklift (serial#137849) raised 4 feet off of ground level. The Komatsu forklift was not provided with load locking devices. Both feet of both employees were underneath the unsecured plate of steel at the time of the inspection. The steel plate weighed approximately 890 pounds in standard calculations of 81 pounds/square foot per 2 inch diameter steel. The two employees were exposed to a crushing injury shall the forklift be accidentally lowered and/or a hydraulic load line rupture.</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104a	56.14132(a)	N	Unlikely	Fatal	1	High
<p>The automatic reverse alarm did not sound when tested on the Cat 980F loader (Ser# Z*8CJOC385).</p> <p><i>The citation and order writing handbook states that "Provide a detailed description of the condition(s) or practice(s) which causes and constitutes a violation or an imminent danger". The condition or practice does not meet the criteria. It does not address location, exam conducted or not, how long this condition existed, negligence, exposure, foot or vehicle traffic, etc. The citation/order should contain a detailed explanation of the hazard and condition cited.</i></p> <p>(Does not meet requirements of citation & order writing handbook pp 9)</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104a	56.20003(a)	N	Unlikely	LWD	1	High
<p>C1-A Conveyor walkway had excessive material build-up (more than 12' deep and extending approximately 15-20' long) near the tail section of the conveyor.</p> <p><i>What was the material, was it consolidated or unconsolidated, degree exposure, how long has this condition been permitted to exist, was this condition reported, who conducted the examination or was one conducted, was this a repeat violation, negligence of the operator, etc.</i></p> <p>(Does not meet requirements of citation & order writing handbook.)</p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104a	56.14132(a)	N	Unlikely	Perm	1	High
<p>The automatic reverse alarm did not sound when tested on the GMC Service Truck #30.</p> <p><i>This citation is very vague. Does not identify the degree of exposure, was this vehicle in operation, how long has this condition been permitted to exist, was a pre-operation exam conducted and what were those results, location of the vehicle, etc.</i></p> <p>(Does not meet requirements of citation & order writing handbook pp. 9)</p>									

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104a	56.20001	N	Unlikely	Perm	1	Mod
<p>(b) (6) The walkway between the Nordberg 7 foot cone crushers was not kept clean and orderly. There was a material build up of approximately 3 feet high, 6 feet long and 6 feet wide in the travel way. This exposes person to tripping, falling and/or other injury</p> <p><i>Was there a workplace exam completed, what was it reported, how long has this condition existed, how often traveled (exposure), has anyone traveled over this area, negligence of the operator.</i></p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104a	56.14132(a)	Y	RL	Lost Days	1	High
<p>(b) (6) The manually operated horn failed to operate on the Caterpillar 988B front end loader #L15 when tested. Manually operated horns or other audible warning devices provided on self-propelled mobile equipment as a safety feature shall be maintained in functional condition. This is required to warn persons in case of an emergency. There were other loaders operating in the area, customer trucks and 2 miners were observed afoot. The horn was reported to the operator on a pre-shift examination the previous day. Serious injury could result if an accidental collision occurred with other equipment and/or foot traffic.</p> <p><i>How was this determined to be lost days. States that there was foot traffic – if struck by FEL the resulting injury is Lost days?</i></p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104a	56.14103(b)	N	Unlikely	Lost Days	1	High
<p>(b) (6) The front window on the Caterpillar 980J excavator had multiple cracks which obscured the vision of the operator to operate the machine safely. The machine not being operated at time of inspection and normally operates daily moving material in one area. The miner was subject to a run into type hazard with his vision impaired. The broken window was noted on pre-trip exams for a week.</p> <p><i>What was the exposure, was there vehicle traffic/foot traffic, injury is questionable, how did the inspector evaluate as unlikely, ,</i></p>									

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104a	56.14101(a)(2)	N	Unlikely	Lost Days	1	Low
<p>(b) (6) The parking brake would not hold when tested on the Cat 980F loader #L-19.</p> <p><i>Not acceptable; The citation and order writing handbook states that "Provide a detailed description of the condition(s) or practice(s) which causes and constitutes a violation or an imminent danger". The condition or practice does not meet the criteria. It does not address location, exam conducted or not, how long this condition existed, negligence, exposure, foot or vehicle traffic, etc. The citation/order should contain a detailed explanation of the hazard and condition cited.</i></p> <p><i>(This does not meet the requirements of the Citation and Order Writing handbook).</i></p>									

United States Department of Labor
 Mine Safety and Health Administration
 Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID [REDACTED]]

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury Lost Days	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104a	56.20003(a)	N	Unlikely		1	High

C-9 conveyor had excessive material buildup on the walkway alongside the conveyor near the tailpulley. The material buildup was 5-10 inches deep and covered the entire walkway for a distance of about 20 feet. One person travels this area one time per week to maintain the tailpulley. ~~The operator stated he was not aware of this condition.~~ (This statement is not appropriate or necessary in the body of the citation).

What was the material? Was it consolidated or unconsolidated? How long has it been there? Was this reported in the workplace exam? Does not address negligence, How was this determined to be high negligence?

The citation or order must contain facts sufficient to establish a violation of the standards under the Mine Act and any special circumstances related to the violation, such as "significant and substantial" and "unwarrantable failure" findings.

Mine ID	Violation	Issued	Type	30 CFR	S&S	Likely	Injury Lost Days	No. Affected	Neg
[REDACTED]	[REDACTED]	[REDACTED]	104a	56.20003(a)	N	Unlikely		1	High

(6) walkway behind #2 Deister screen had excessive spillage buildup. The material had accumulated to a height 33 inches above the floor level and blocked the entire passageway. ~~there was an alternative travelway available.~~ One man normally travels this area weekly to perform maintenance. The operator stated he was aware there was some spillage, but did not realize the extent of the problem.

(How long has this condition existed? Apparently the operator knew about this condition. How did the operator know of this condition? Was it documented in the work place exam? What type of material was this? Were miners walking over this material? The statement "there was an alternative travelway available" does not mitigated the violation and should not be included in the condition or practice.

United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID



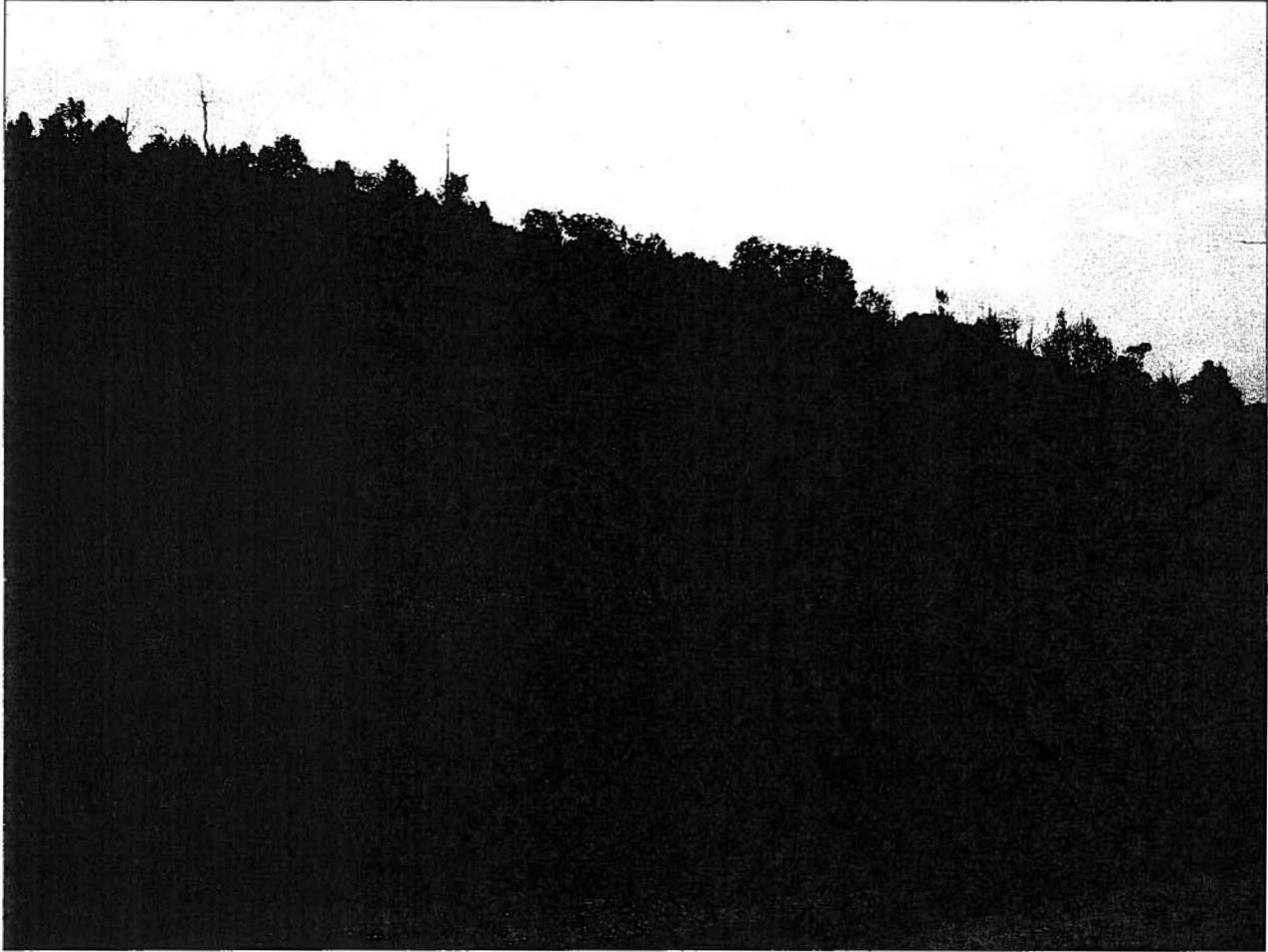
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Office of Accountability

District Field Office Mine ID
(6)



United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District Field Office Mine ID



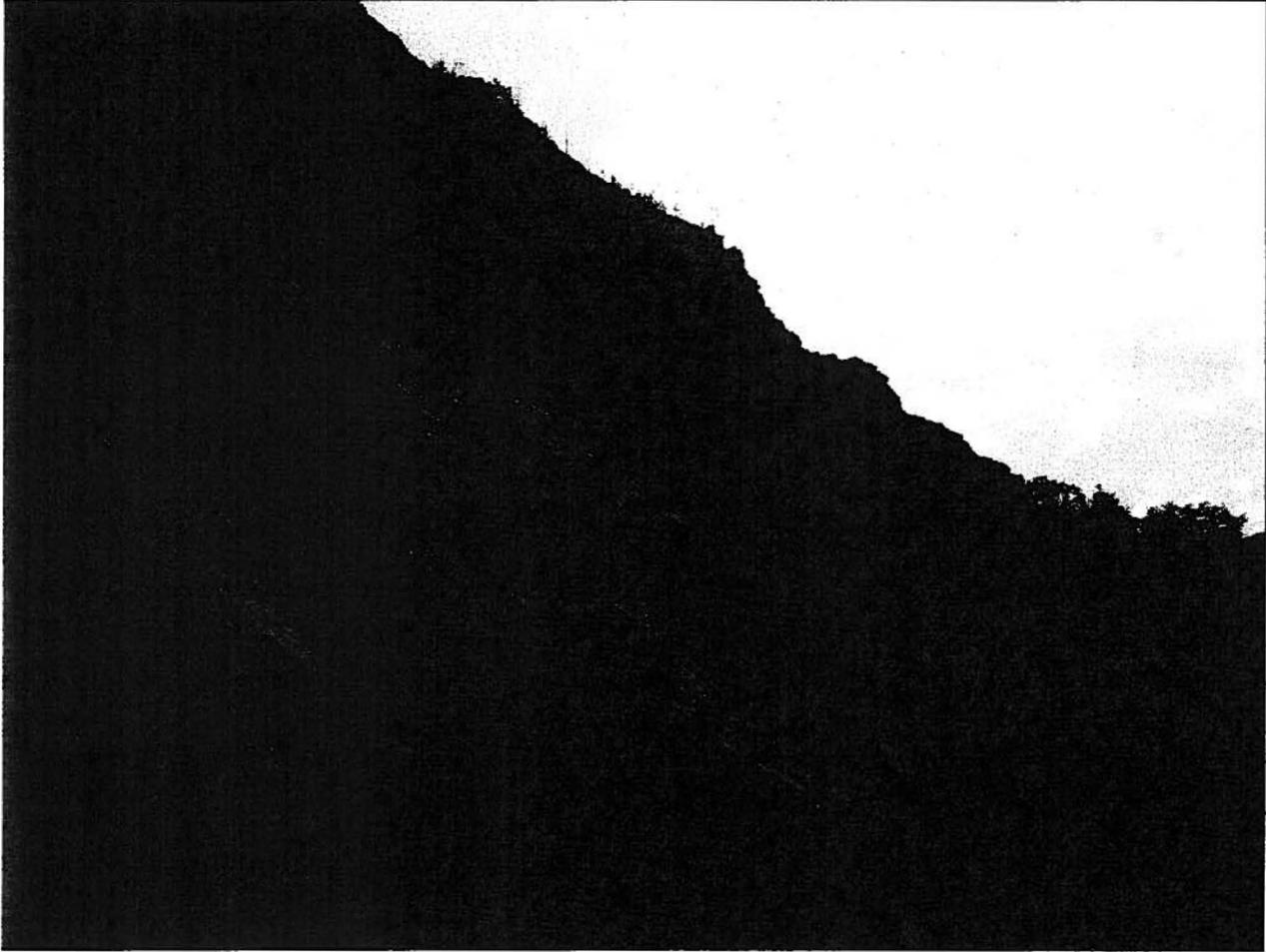
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District Field Office Mine ID
(6)



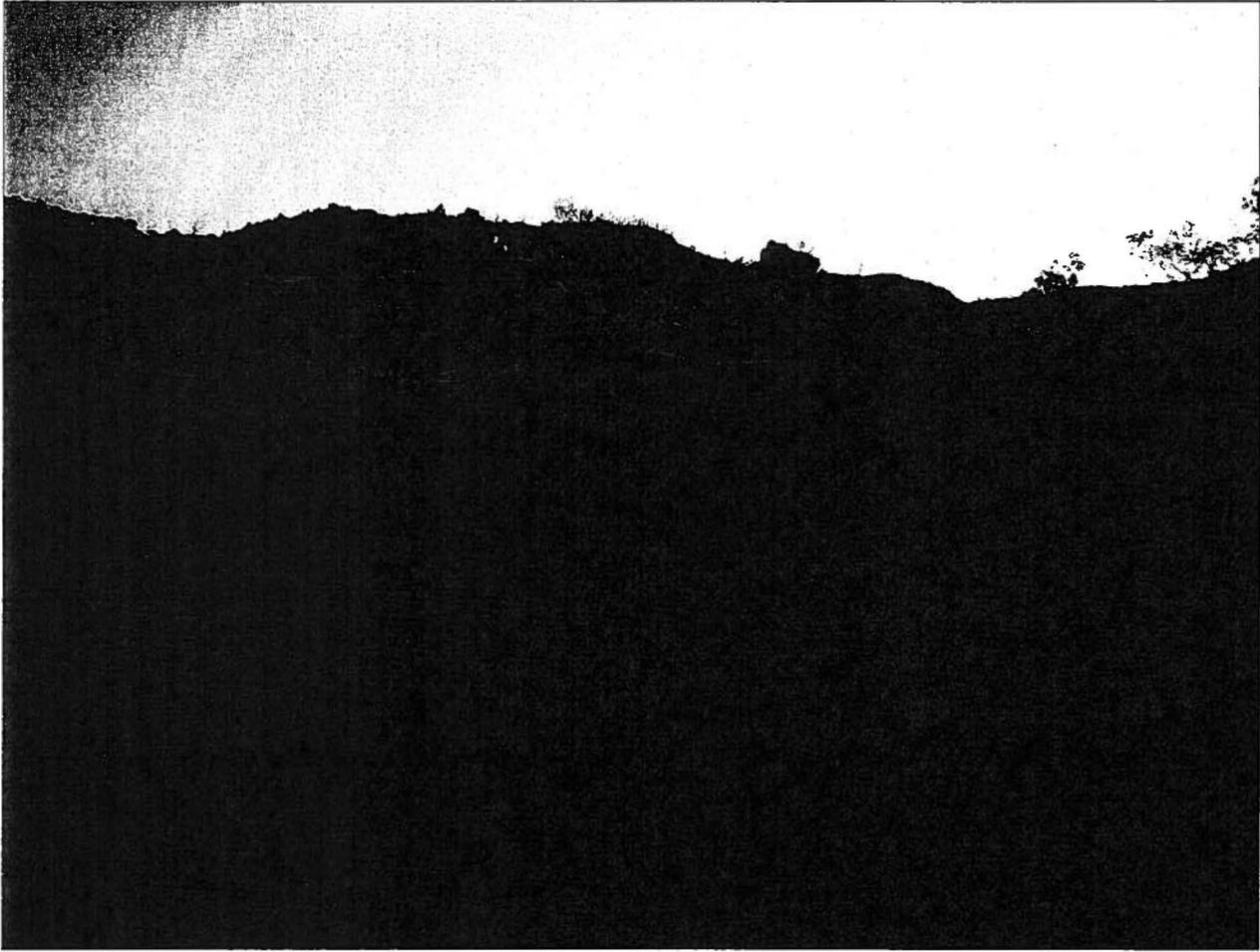
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(6)



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Office of Accountability

District Field Office Mine ID



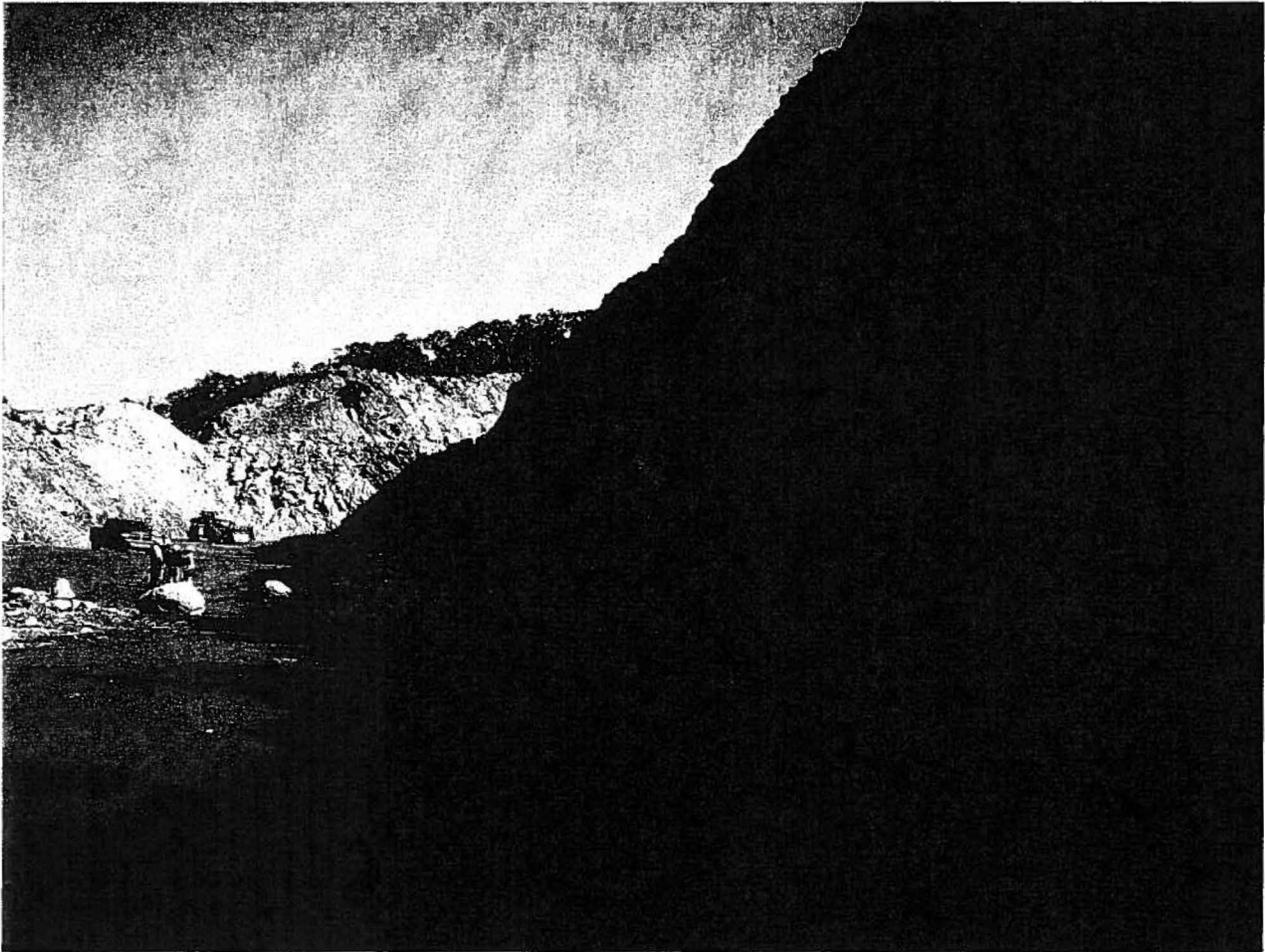
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District Field Office Mine ID



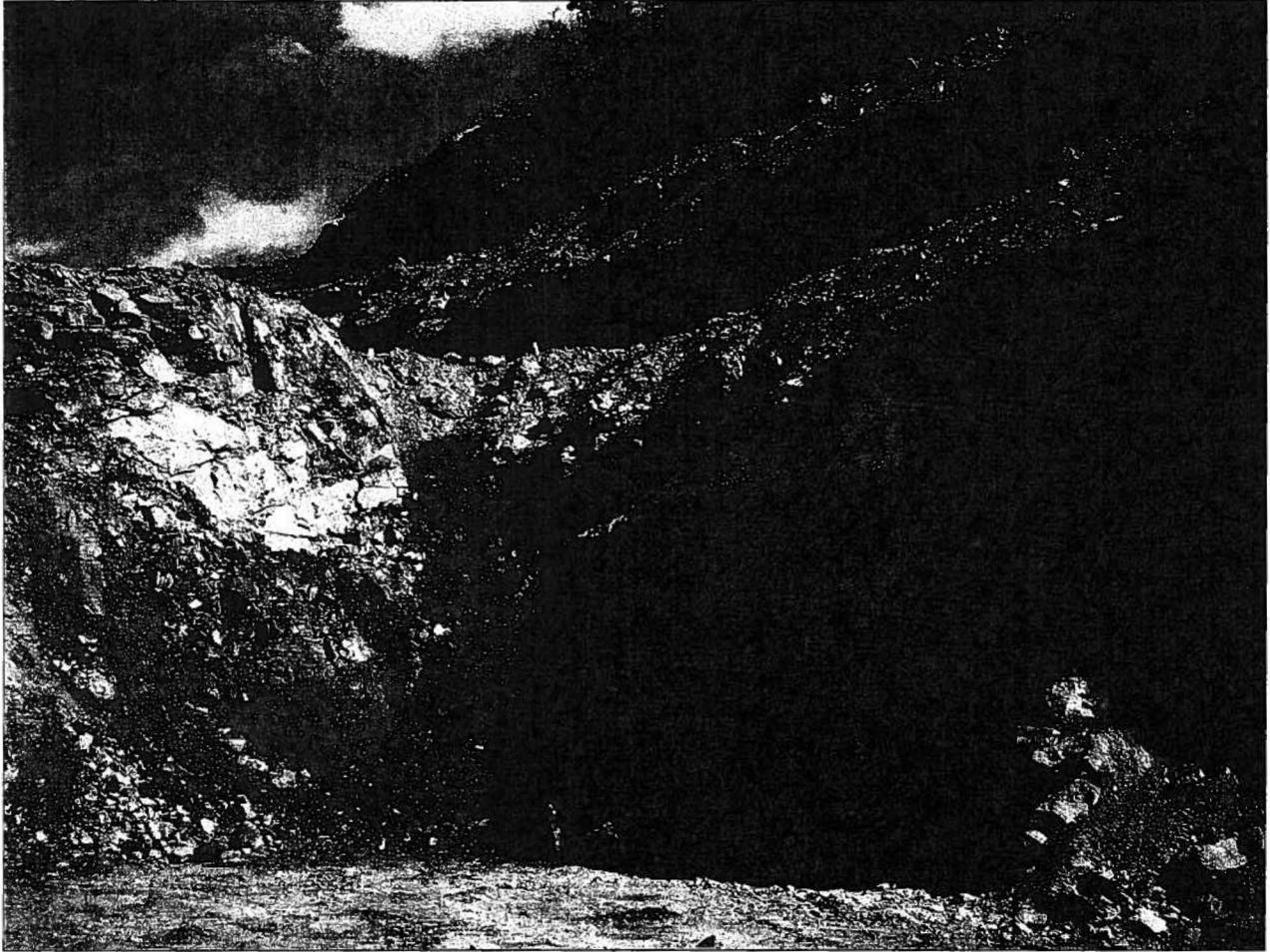
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(6)



United States Department of Labor
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Office of Accountability

District Field Office Mine ID
(6)



United States Department of Labor
Mine Safety and Health Administration
Office of Accountability

District MNM Northeastern Field Office Wyomissing North Mine ID (b)(7)(C)
(6)

